A CASE OF MULTIPLE GUNSHOT WOUNDS OF THE INTESTINE; RESECTION OF FORTY-THREE INCHES OF ILEUM; ANASTOMOSIS WITH MURPHY BUTTON; RECOVERY.

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WITH the kind permission of Dr. C. H. Wheeler, city physician, I take pleasure in reporting the following case as illustrating several points of special interest, among which are the great vitality manifested by certain individuals after severe injuries, the great benefits due to the observance of cleanliness in the treatment of wounds generally, and the wonderful help to patient and surgeon through the use of the Murphy button.

D. M., a healthy Italian laborer, aged thirty-nine years, after attempting to kill a countryman, shot himself with a 38-calibre pistol, about 7 P.M., February 6, 1895. Dr. Wheeler was summoned, and had the patient removed to the Good Samaritan Hospital. Examination revealed a wound in the middle line about one and a half inches below the umbilicus, through which a probe was readily passed into the abdominal cavity. There was but little shock, and there being no other symptoms present to contra-indicate an exploration of the track of the ball, with the view of finding out and repairing whatever injury had been produced, a laparotomy was immediately performed.

Considerable blood welled up from the cavity as soon as the peritoneum was freely incised, but as it was readily wiped away, the injury of any large or important vessel was precluded.

A careful but rapid manipulation of the intestines very soon revealed a wound of the ileum, showing the characteristic eversion of its mucous lining and escape of contents.

Dr. Wheeler repaired the wound at once with Lembert sutures, two rows, intending to treat any others in the same manner if found.

Further search not only revealed eight other openings at a considerable distance from this one, but a condition of affairs which imperatively demanded a resection of the bowel at two places. At one point there were three openings in such close proximity and involving the integrity of the wall to such an extent as to preclude the possibility of repair by sutures without interfering seriously with the lumen of the gut.

At another place, some little distance removed, the bullet had passed through the mesenteric border of the intestine, making a large opening, thereby interrupting the blood-supply, so that a slough would surely have resulted. On this account a single resection, embracing all the wounds, was decided upon, and Dr. Wheeler kindly asked me to proceed with the work.

I decided to attempt a lateral anastomosis with a four-inch incision, after the method recommended by Dr. Abbe, as we had been unable to secure a Murphy button.

Before completing the preliminary steps of the operation, however, Dr. A. C. Smith arrived and kindly supplied a button, the largest size, and aided materially by suggestion and otherwise in completing the work.

After cleansing the injured portion of the gut and applying tapes on both sides to prevent any further escape of its contents, a straight line of catgut sutures was passed through the mesentery, which was then incised and the entire damaged portion removed. The mesentery was cut too close to the line of sutures, allowing a retraction of the openings of some of the vessels, which resulted in a large hæmatoma in its loose folds.

Further leakage, however, was prevented by a continuous suture, passed in such a way as to fold the mesentery on itself and at the same time close the large gap.

In the application of the female portion of the button too little tissue was included in the purse-string, permitting a tearing out and retraction of the mucous and muscular layers, so that at one point the button was held in place by the peritoneum alone. After completing the anastomosis, a further search failed to reveal the presence of other

wounds in the intestine or the presence of the bullet in the abdominal cavity; nor could any opening be discovered in the posterior wall of the cavity, though it seems certain such must have existed, as the bullet did not appear in the stools, nor was it found in the damaged intestine. Searching for a missile in the intestine seems, on the face of the assertion, unusual, yet there are two cases in my own experience where, after penetrating wounds of the abdominal cavity, the bullet has been passed per rectum, and both, strange to say, resulted in a recovery without operation. The condition of the patient was very satisfactory after the completion of the intestinal work, so the entire cavity was well flushed with sterilized water; and before applying the sutures to the external wound the soiled edges along the track of the bullet were partially dissected out. The portion of the intestine removed measured, without stretching, just forty-three inches.

The subsequent course of the case was almost uninterrupted. He recovered speedily from the shock, which at no time was pronounced, and made but little complaint.

There was but slight nausea and vomiting and comparatively little pain at any time, except in the abdominal wound, which suppurated.

The temperature was 102° F. and the pulse 108 on the morning following the operation, but were never again as high, although generally above normal on account of the condition of the abdominal wound.

The after-treatment was that ordinarily employed in a laparotomy, liquid food being alone allowed until the passage of the button, *on the ninth day*, though the patient, I am since told, ate a piece of bread on the fifth day without any harm. Soft food was given after the button came away, and a full diet of meat, etc., allowed about the seventeenth or eighteenth day.

The patient was transferred to the jail on March 11, and after pleading not guilty to an assault with attempt to kill, was convicted and sentenced to the State Penitentiary at Salem, Ore., where he is now confined.